Prophylactic Psychotherapy Before Desexualizing Operations

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SUMMARY

To lessen the hazard of postoperative mental trauma, psychiatric preparation of patients with patently faulty psychic adjustment is advisable before operations entailing removal of genital organs.

NO reputable physician would voluntarily cause a patient with latent psychosis or hidden severe psychoneurosis to become manifestly emotionally ill. Yet it is probable that most practitioners can recall well-meant actions which, in retrospect, seem to have precipitated or aggravated psychic illness. If hindsight is to be of value, it must be converted to foresight which will help in avoiding repetition of such mistakes. The following is a case in point:

REPORT OF A CASE

The patient was a 46-year-old woman, separated from her husband, who for some years had held a responsible job as a secretary. She was observed over a period of about five years by a highly respected general practitioner. The patient complained of headaches, insomnia, nervous tension, and occasional hot flashes. Moderate hypertension was noted. A "nervous breakdown" had occurred about 20 years previously, following the failure of the patient's marriage. In discussion the patient revealed—and her relatives confirmed—that she was domineering, selfish, asocial, and critical and that she believed in living by will power.

Upon examination of the abdomen because of complaint of pain, the uterus was observed to be greatly enlarged and tender. The patient was not told oophorectomy might be necessary. At operation, endometriosis necessitated removal of the ovaries. The surgeon noted that "there was apparently some shock at the loss of the ovaries."

After the operation the patient worried continuously about insanity, complained constantly of severe headaches and leaned heavily on sedatives and analgesics containing codeine. She acted angrily toward relatives and friends and was unable to continue working. Psychiatric consultation was refused for a year despite exhaustion, despair, headaches and fear of insanity. Later, in psychiatric interviews, guilt for sexual fantasies was disclosed. The patient dated the illness from the time of the operation. She appeared to be angry rather than depressed. Persecutory delusions developed. Protracted vis-a-vis interviews and a brief course of electroshock therapy were given. Some improvement followed.

It is common knowledge that psychiatric illnesses are more prevalent at certain periods of life, including the menopausal era. That genital operations and injuries are potentially psychologically very dangerous because of the castration threat, is equally well known.

In the case here reported there was much material pertaining to loss of value as a sexual object and loss of self-esteem at having been desexualized. It would be foolhardy to assert without equivocation that the psychotic reaction might have been prevented if the patient had been handled differently preoperatively. Nevertheless, the possibility remains. The perceptive physician who observed the patient over a long period was concerned about her mental health to the extent that he consulted her relatives about her prior to her manifest breakdown. It seems incongruous that this same careful physician, who knew that the patient was a societal misfit, who knew that she had had a "nervous breakdown" in the past, and who was well aware of the incidence of menopausal psychoses and the castration threat of genital operations, did not attempt to more completely prepare the patient mentally for the operation. He could have talked with her some days to some weeks before the proposed date of operation, informing her that it might be necessary to remove the ovaries. It would then have been possible for him to observe the patient's reactions to this prospect. He might also have insisted that the patient consult a psychiatrist for preoperative evaluation and possible prophylactic psychotherapy. That the operation was needed is beside the point. That the patient herself probably did not want a diagnostic interview is likewise not germane.

As problems which are brought out in the open and fully discussed usually cause less anxiety than those shrouded in mystery, it might be well for physicians who are to do potentially desexualizing operations to spend more time in the preoperative psychologic preparation of patients. It can be legitimately assumed that traumata of such operations are potentially more devastating to patients who have previously made poor personality adjustments. An abbreviated anamnesis in addition to the observation of the patient's habitus, attitudes and reactions will generally suffice to help the surgeon decide whether the patient is a psychiatric liability.

Although the author knows of no statistical studies which indicate the incidence of psychiatric illnesses precipitated by castrating operations, it is his opinion that physicians should request competent psychiatric evaluation before performing elective, destructive, genital operations on patients whose psychic adjustment is patently faulty.

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